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APPLICANTS

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**** CONTINUING DATA *******

None H.P.

**** FOREIGN APPLICATIONS *******

None H.P.

IF REQUIRED, FOREIGN FILING LICENSE
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____				

ADDRESS

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TITLE

Method and apparatus in network management system for slow link application programming interfaces for status queries

FILING FEE RECEIVED 1370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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